

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DEWINE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GORTON). Without objection, it is so ordered.

HEALTH CARE

Mr. DEWINE. Mr. President, I rise tonight to talk about health care, managed care, and the several proposals in Congress that attempt to address these issues.

Mr. President, just this morning, the assistant Republican leader, Senator NICKLES, and his Republican working group, unveiled an outline of a bill they are developing, a bill that they intend to shortly introduce.

This is clearly an issue that affects all Americans. Back home in Ohio, I hear constantly from my constituents about the issues involving managed care and the new world of health care that we all live in.

Mr. President, I recognize and share the concerns that many Americans have with the cost and the quality of health care and of managed care. As the father of eight children, I visited emergency rooms and I visited pediatricians' offices. I hear and I understand parents' concerns about all the new hurdles in health care. I understand the problems of parents struggling to try to get a doctor's appointment for their children, the difficulty in trying to get managed care plans to authorize care, and the concern that their children will not get needed care if that care is not authorized.

Mr. President, these are problems shared by millions of American families. They are problems Congress must deal with. But as we look at this issue, and all the problems and concerns that go with them, we need to be careful. We need to be careful that we do not create solutions that are really worse than the problems.

For example, as we look at regulating managed care, we have to be careful about the impact of proposed regulations on the availability of that care. Certainly I do not believe any of us wants to see fewer people being able to get health insurance as a result of our good intentions. That is why we need to be sure that whatever Congress does, we do not cause health care costs to significantly increase. We know that the only result of higher costs will be a health care system that many companies and individuals will simply not be able to afford, meaning more Americans will be denied quality health insurance.

So where do things stand right now? Obviously, several health care proposals already have been introduced and talked about, such as the Patient Access to Responsible Care Act, or PARCA, and also the Democrat's Pa-

tients' Bill of Rights. Other options are being developed. I already mentioned the legislation being developed by my colleague from Oklahoma, Senator NICKLES, and a Republican working group. The House of Representatives is considering their own proposals as well.

The bottom line is this: It is clear that Congress needs to consider managed care reform legislation. I am eager to work with my colleagues to make sure some crucial issues, particularly the issues that face America's children, are in fact addressed.

Mr. President, while I would like to see specific language—after all, as we always say, the devil is always in the details—I believe that the legislation unveiled today by the Senator from Oklahoma, Senator NICKLES, and the rest of the working group, represents a positive—a positive—start on the road to reform.

I am particularly pleased that the bill includes a guarantee that children will have direct access to pediatricians. I have said it many, many times on this floor, but let me say it again this evening—children are not just little adults. Their health care needs are unique. When a child goes to a doctor's office, that child needs to see someone who has been specifically trained to deal with the unique issues of pediatric care; that child needs to see a pediatrician.

I am very pleased that my discussions with Republican task force members on pediatric issues has helped produce a provision in the working group bill that would guarantee our children will be, in fact, treated by pediatricians.

Mr. President, there are several additional ways that we can further improve the quality of children's health care as a part of this overall managed care reform effort. I would like to talk about these additional ways right now.

Specifically, Mr. President, I believe there are three key issues that would go a long way to addressing the health care needs of our children: No. 1, additional pediatric protections beyond what is already now in the bill. In addition to guaranteeing access to pediatricians, other basic protections for children should be addressed to help make sure that health plans are addressing specific pediatric needs.

The most important of these is making sure that when a child faces a serious health problem that calls for specialty care, that that child has access to a health care provider with pediatric training or experience. This could mean that a child with a heart murmur would be guaranteed access to a pediatric cardiologist. It could also mean that a baby in need of intensive hospital care and monitoring has access to a children's hospital, a children's hospital to make sure that pediatrics-specific equipment and care is available for that baby.

Mr. President, my wife Fran and I have personal experiences with our

children and with children's hospitals. When your child—my child—has a serious medical problem, you want the best care, you want the best specialists. Many times, quite bluntly, that means going to a children's hospital.

Specialists trained to treat adults often do not have the expertise that children need. That is not their specialty. I would hope that our efforts of managed care reform include making sure children have access to the necessary pediatric expertise, whether that be from the initial treating physician being a pediatrician, or whether it means ultimately going to a children's hospital.

Mr. President, it is important that these basic protections are in place for children, because pediatric care is probably the part of managed care that we really know the least about. The truth is, we just don't know how well managed care takes care of our kids. The measures of quality and studies we have that evaluate managed care simply have not looked at children. In the absence of this evidence, I think that some basic protections for children are required, and they certainly make sense.

I also don't believe the cost of these pediatric protections will amount to a great deal. As we all know, children comprise about 30 percent of our population, but a much smaller part of the cost of health care, a much smaller. I don't believe that making sure children can see pediatricians and pediatric specialists will have an increase on health care costs. In fact, it should have the opposite effect. It could and should reduce costs. This kind of access could cut down on unnecessary trips to doctors, emergency rooms, and work as a good avenue for preventive medicine. Preventive medicine is important for all of us, but nowhere is it as important as it is in dealing with our children. Let me say that again. As the father of eight, I think anyone who has had children knows that and understands that preventive care is the key.

Let me move to the second point and the second suggestion, that is pediatric quality-related research. One important trend we have seen lately in our health care system is the effort to measure quality and improve the science of health care quality. The ability to measure this is vitally significant. But as with many parts of our health care system, not enough attention has focused on children. It is reported that only about 5 percent of this research is aimed at our kids. What is the result? We just haven't had the same type of advances and quality improvements for our children that we have seen for adults.

I have introduced a bill that tries to fix this by focusing attention on pediatric quality-related research. Among other things, our bill includes dedicated funding to make up for the lack of health care outcomes and quality-related information for children. The legislation being developed by the Republican working group already includes a

significant focus on health care quality research. My friend from Tennessee, Senator BILL FRIST, has worked very hard on this part of the bill and he has done an excellent job. I believe we should build on that effort to focus specifically on children. I believe that would be an excellent and an important addition to managed care reform.

Let me turn to the third item. The third area where I believe we can improve this bill, the third item with which I think this Congress must deal, the other improvement I would like to see considered, is language to strengthen the services provided by our Nation's poison control centers. Other than preventive care, much of the health care our children receive is based on emergencies, occurs when emergencies happen. One of the more common emergencies in children, of course, is poison. Each year more than 2 million poisonings are reported—2 million—over half of which occur in children younger than 6 years of age.

While our Nation's poison control centers do a very good job, a very good job responding to these crises, they do face funding problems. Many of these centers have been financed through unstable arrangements from a variety of public and private sources. Funding difficulties are the primary reason that about half of our poison control centers are not certified, meaning that they may not be operating at all times or that fully qualified experts may not be available around the clock.

I have written legislation that would deal with this problem by providing Federal supplemental assistance to poison control centers. In addition, the bill that I have sponsored, and is cosponsored by Senator ABRAHAM, would create a single, simple, toll-free number so parents will always know who to call in the event of a poisoning emergency, so that they always know what number they can call. These measures not only would improve the quality of health care services available for children's health, they would be lifesavers as well.

We have before the Senate a very important debate dealing with the quality and availability of health care. As always, when we talk about health care, we need to be sure we are meeting the needs of children as well as adults. So, as we begin the debate and consider the legislation, we have a great opportunity, a great opportunity to take action that improves the lives of our young people. This Congress already has enacted a number of important pieces of legislation that will save lives, that will save young lives.

Last year, for example, we passed important bipartisan legislation to improve the quality and the availability of health care for low-income children. We also passed bipartisan legislation to reform our foster care system, vitally important legislation to reform our foster care system that will save lives and is saving lives.

This Congress clearly has taken the opportunity to improve the lives of our

children. I am hopeful we will take advantage of this opportunity that we face this week and next week, the opportunity that is before us, to find the solution that best provides for health care quality for our children and for all Americans.

HOMEOWNERS PROTECTION ACT OF 1998

Mr. DEWINE. Mr. President, I ask the Chair lay before the Senate a message from the House of Representatives on the bill (S. 318) to require automatic cancellation and notice of cancellation rights with respect to private mortgage insurance which is required as a condition for entering into a residential mortgage transaction, to abolish the Thrift Depositor Protection Oversight Board, and for other purposes.

The PRESIDING OFFICER laid before the Senate the following message from the House of Representatives:

Resolved, That the bill from the Senate (S. 318) entitled "An Act to require automatic cancellation and notice of cancellation rights with respect to private mortgage insurance which is required as a condition for entering into a residential mortgage transaction, to abolish the Thrift Depositor Protection Oversight Board, and for other purposes", do pass with the following amendments:

(1)Page 1, line 5, strike [1997] and insert: 1998

(2)Page 12, after line 16 insert the following:

(4) GAO REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Congress a report describing the volume and characteristics of residential mortgages and residential mortgage transactions that, pursuant to paragraph (1) of this subsection, are exempt from the application of subsections (a) and (b). The report shall—

(A) determine the number or volume of such mortgages and transactions compared to residential mortgages and residential mortgage transactions that are not classified as high-risk for purposes of paragraph (1); and

(B) identify the characteristics of such mortgages and transactions that result in their classification (for purposes of paragraph (1)) as having high risks associated with the extension of the loan and describe such characteristics, including—

(i) the income levels and races of the mortgagors involved;

(ii) the amount of the downpayments involved and the downpayments expressed as percentages of the acquisition costs of the properties involved;

(iii) the types and locations of the properties involved;

(iv) the mortgage principal amounts; and

(v) any other characteristics of such mortgages and transactions that may contribute to their classification as high risk for purposes of paragraph (1), including whether such mortgages are purchase-money mortgages or refinancings and whether and to what extent such loans are low-documentation loans.

(3)Page 24, strike lines 15 through 23 and insert:

(2) PROTECTION OF EXISTING STATE LAWS.—

(A) IN GENERAL.—The provisions of this Act do not supersede protected State laws, except to the extent that the protected State laws are inconsistent with any provision of this Act, and then only to the extent of the inconsistency.

(B) INCONSISTENCIES.—A protected State law shall not be considered to be inconsistent with a provision of this Act if the protected State law—

(i) requires termination of private mortgage insurance or other mortgage guaranty insurance—

(I) at a date earlier than as provided in this Act; or

(II) when a mortgage principal balance is achieved that is higher than as provided in this Act; or

(ii) requires disclosure of information—

(I) that provides more information than the information required by this Act; or

(II) more often or at a date earlier than is required by this Act.

(C) PROTECTED STATE LAWS.—For purposes of this paragraph, the term "protected State law" means a State law—

(i) regarding any requirements relating to private mortgage insurance in connection with residential mortgage transactions;

(ii) that was enacted not later than 2 years after the date of the enactment of this Act; and

(iii) that is the law of a State that had in effect, on or before January 2, 1998, any State law described in clause (i).

(4)Page 27, line 21 before "Nothing" insert:

(a) PMI NOT REQUIRED.—

(5)Page 27, after line 23 insert the following:

(b) NO PRECLUSION OF CANCELLATION OR TERMINATION AGREEMENTS.—Nothing in this Act shall be construed to preclude cancellation or termination, by agreement between a mortgagor and the holder of the mortgage, of a requirement for private mortgage insurance in connection with a residential mortgage transaction before the cancellation or termination date established by this Act for the mortgage.

Ms. MOSELEY-BRAUN. Mr. President, I am glad that the Senate is considering S. 318, the Homeowners Protection Act. I thank my colleagues on the Banking Committee for working so hard to come to a final agreement on this legislation. I am pleased with the result, and I believe that our final product is a good balance which will both benefit consumers and protect the industry. The Senate passed S. 318 last November and this version, which has been passed by the House, contains all of the key provisions of the bill as it first passed the Senate.

Private Mortgage Insurance or PMI is a property insurance line that protects lenders from mortgage default risk. Homeowners pay the premiums, but the lender is the beneficiary. PMI is generally used to facilitate loans in which the borrower makes a down payment of less than 20 percent, and the lender usually seeks coverage of the initial 20 percent of the loan value.

However, a number of homeowners currently continue to pay premiums well past the point of reaching 20 percent equity in their home, and sometimes for the entire life of the loan. This excessive PMI coverage is not only expensive for the consumer, but provides little added protection to the lender. In many cases, homeowners are never informed of their right to cancel PMI, or are faced with significant obstacles when they do attempt to cancel the coverage. This legislation will end that predatory practice. It gives homeowners the right to cancel PMI when they have accumulated sufficient equity in their home to protect the lender from default. It will also provide for automatic cancellation of the mortgage insurance when the mortgagor's